

STANDARD OPERATING PROCEDURE- POLICY

UROGYNECOLOGY CONSULTATION

SCOPE/APPLICABILITY:

Ob-Gyn Department

PURPOSE:

To describe routine consultation practices for in-patient, intraoperative, and emergency room consults for patients with urogynecological issues.

This policy applies to consultation requests from within the Department of Obstetrics and Gynecology, and other services through-out the hospital.

DEFINITIONS:

N/A

PROCEDURE:

As UNM physicians, we are committed to being a resource for patients and other providers with respect to our areas of expertise. Therefore, the purpose of this policy is to standardize expectations and procedures for routine hospital and intraoperative Urogynecology consultations.

We note that the 2020 resident SWOT analysis found that the consultative procedures for subspecialists were unclear. Urogynecologists have very detailed knowledge about a very narrow scope of practice and the realm of general gynecology and Urogynecology may overlap, with resulting confusion. As such, the purpose of this SOP is to more clearly define the consultative workflow with respect to Urogynecology. Consultations are typically channeled through the obstetrician gynecologist covering Labor and Delivery. We would recommend that when consults are requested, that the Labor and Delivery Attending evaluate the patient in conjunction with the residents. If the Labor and Delivery Attending, after performing the evaluation, believes that special Urogynecology expertise is required we request that the following Procedures be followed:

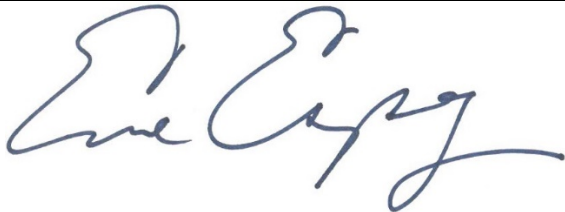
- 1) First and foremost, we are always willing and available to help.
- 2) We request that at the very least all potential gynecology consults are seen by a resident irrespective of time of day. There are not very many true urogynecology emergencies, but there are occasional trauma patients that require immediate evaluation; this initial evaluation should still be efficiently seen by the resident.

Once a patient is seen by a resident, it would be prudent to have the attending in-house be the attending of record for the patient. If the attending feels that the patient needs to be seen emergently, then the attending should contact the Urogynecology team on call (Urogynecology Fellow/Attending). If the in-house OBGYN attending is in-disposed (i.e. in the OR or a delivery), it would be appropriate for the resident to call the consult by first calling the Urogynecologic

This information is a guideline and should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care.

fellow on call. However, the preference would be for the attending to call. If the patient does not need to be seen emergently, the on-call Urogynecology Fellow/Attending will help schedule follow-up for the patient

APPROVALS:

SOP Owner:	Peter Jeppson, MD	Date: 6/18/2021
Chair Approval:		Date: 6/18/2021
Effective Date:	June 18, 2021	